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State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 08-012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Region IX

Division of Medicaid & Children's Health Operations

90 Seventh Street, Suite 5-300 (5W)

San Francisco, CA 94103-6706

DEC 04 2009

Lillian B. Koller, Esq.
Director, Department of Human Services
P.O. Box 339
Honolulu, HI 96809-0339

Dear Ms. Koller:

Enclosed is an approved copy of Hawaii State Plan Amendment (SPA) No. 08-012, regarding dental reimbursement rates for the neighbor islands of Kauai, Maui, Hawaii, Molokai, and Lanai. This SPA sets separate dental rates for the neighbor islands effective August 7, 2008 and dental rates for Oahu effective July 1, 2008 in Attachment 4.19-B. This SPA also includes specific effectiveness dates for the rates covering EPSDT services, home pharmacy services, medical supplies, and home health agency services.

If you have any questions, please have your staff contact Cheryl Young at (415) 744-3598.

Sincerely,

A black rectangular box redacting the signature of Gloria Nagle.

Gloria Nagle
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Kenneth Fink, Med-QUEST Administrator
Michele Bowser, CMS Center for Medicaid and State Operations (two copies)
Mary Rydell, Pacific Area Representative

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
08-012

2. STATE
HAWAII

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)
MEDICAL ASSISTANCE

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
August 7, 2008

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.100

42 CFR 447 Subpart F JM

7. FEDERAL BUDGET IMPACT:

a. FFY 2008 \$ 665,490.00

\$ 110,915 JM

b. FFY 2009 \$ 661,320.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, page 2 and 2.1 JM

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4.19-B, page 2 JM

10. SUBJECT OF AMENDMENT:
DENTAL SERVICES

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

AS APPROVED BY GOVERNOR

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

LILLIAN B. KOLLER

14. TITLE:

DIRECTOR

15. DATE SUBMITTED:

SEPTEMBER 30, 2008

16. RETURN TO:

DEPARTMENT OF HUMAN SERVICES

MED-QUEST DIVISION

POLICY AND PROGRAM DEVELOPMENT OFFICE

P. O. BOX 700190

KAPOLEI, HI 96709-0190

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

SEPTEMBER 30, 2008

18. DATE APPROVED:

DEC 04 2009

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

AUGUST 7, 2008

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

GLORIA NAGLE

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR

23. REMARKS:

MEDICAID & CHILDREN'S HEALTH OPERATIONS

PEN & INK CHANGES TO BOXES 6, 8 & 9 REC'D VIA EMAIL FROM STATE (11/06/09).

PEN & INK CHANGES TO BOX 7 REC'D VIA EMAIL FROM STATE (11/30/09).

(j) Other services specified by the Department.

2. MEDICAID PAYMENTS FOR OTHER NONINSTITUTIONAL ITEMS AND SERVICES ARE DETERMINED AS FOLLOWS:

The State assures that the fee schedule rates for public and private providers of Medicaid services, products or items are the same and the State does not subdivide or subclassify its payment rates based on whether the provider is a public or private entity/provider, except for payment of services provided by a resident physician in a teaching facility when payments are lower than the fee schedule. Annual or periodic adjustments will be made and such adjustments will be reflected in the fee schedule that is made available to the providers and the public, and may be accessed on the agency's website at www.med-quest.us.

(a) In establishing the payment rates for other noninstitutional items and services, the rates shall be the lowest of the Medicare fee schedule for providers who participate in Medicare, the state limits as provided in the Appropriation Act, the rate determined by the Department, or the provider's billed amount. The fee schedule and corollary effective date for non-institutional providers can be found at www.med-quest.us.

- Durable Medical Equipment (including eyeglass frames and hearing aids), prosthetic devices and appliances except, that Intraocular lens, cochlear implants, and neurostimulators are provided as part of an outpatient surgical procedure and are limited to invoice cost, not to exceed the Medicare fee schedule for the surgical service.

The rates for Durable Medical Equipment, prosthetic devices and appliances were set and are effective: July 1, 2006.

- Dental services (including dentures);

The dental rates for the neighbor islands (Kauai, Maui, Hawaii, Molokai and Lanai) were set as of 08/07/08 and are effective for services on or after that date. All rates are published on the agency's website at www.med-quest.us.

The dental rates for the island of Oahu were set as of 07/01/08 and are effective for services on or after that date. All rates are published on the agency's website at www.med-quest.us.

- EPSDT (comprehensive periodic examination, case management, skilled nursing and personal care services.)

The rates for EPDST services were set and are effective: July 1, 2006.

– Home pharmacy services;

The rates for home pharmacy services were set and are effective:
July 1, 2006.

– Medical supplies;

The rates for medical supplies were set and are effective:
July 1, 2006.

– Home Health Agency Services

The rates for home agency Services were set and are effective:
July 1, 2006.

- (b) Payment for laboratory services and X-ray services shall be at the current Medicare fee schedule for participating providers.